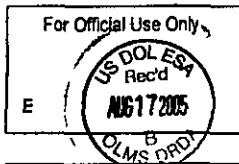


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 88-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9735</u>	2 Fiscal Year Covered From <u>01</u> / <u>01</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>04</u>
3 Name and address of person filing Name <u>ALBERT H CAMELIO, JR</u> P O Box Bldg Room No if any <u>#204</u> Street <u>2500 VIA CABRILLO MARINA</u> City <u>SAN PEDRO</u> State <u>CALIFORNIA</u> ZIP Code + 4 <u>90731</u>	4 Name file number and address of labor organization Name <u>DISTRICT NO 1-PCD, MEBA, AFL-CIO</u> Labor Organization File Number <u>066-581</u> P O Box Building and Room Number if any <u>#800</u> Street <u>444 N CAPITOL STREET NW</u> City <u>WASHINGTON</u> State <u>DC</u> ZIP Code + 4 <u>20001</u>
5 Position in labor organization <u>BRANCH AGENT, MEBA LOS ANGELES</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest, Transaction or Income _____ _____ _____ 7 b Amount _____ _____ _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed <u>Albert H. Camelio, Jr.</u>	On <u>8/12/05</u> Date	<u>(310) 548-7358</u> Telephone Number

Page 2 of 2

MEBA Medical and Benefits Plan
2004 LM 10 LM 30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
Albert Camelio	Medical	571725	6/8/2004	\$ 1 951 97	Reimbursement of Travel Expenses Relating to Trustee Meeting 08/03
Albert Camelio	Medical	571725	5/28/2004	\$ 944 22	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/03
Albert Camelio	Medical	571725	3/18/04 5/28/2004	\$ 1 976 86	Reimbursement of Travel Expenses Relating to Trustee Meeting 01/04
Albert Camelio	Medical	571725	7/20/04, 12/28/2004	\$ 2 147 92	Reimbursement of Travel Expenses Relating to Trustee Meeting 06/04
Albert Camelio	Medical	571890	12/15/2004	\$ 34 21	Membership Dues (ck#20469)
Albert Camelio	Medical	571850	12/04	\$ 1 605 00	IFEBP Fees
				\$ 8,660 18	